

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90046 036 \*\*\*\*\*50.00

**DOCUMENT # M97000000663**

1. Entity Name

**REALMARK ATLANTA I, L.L.C.**

Principal Place of Business

**3200 SUGARLOAF KEY RD  
PUNTA GORDA FL 33955**

Mailing Address

**3200 SUGARLOAF KEY RD  
PUNTA GORDA FL 33955**

2. Principal Place of Business

**1900 Lagoon Lane**

3. Mailing Address

**1900 Lagoon Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Cape Coral, FL**

City & State

**Cape Coral, FL**

Zip

**33914**

Country

**USA**

Zip

**33914**

Country

**USA**

4. FEI Number

**58-2328965**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROONEY, J. MICHAEL  
306 EAST OLYMPIA AVENUE  
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
STOUT, WILLIAM J JR.  
3021 BIG BEN CIRCLE  
PUNTA GORDA FL 33955** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEM  
SHEEHAN, ROBERT L  
5395 ROSWELL ROAD, STE. 200  
ATLANTA GA 30342** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE OF WILLIAM J. STOUT JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/11/02**

Date

**941-**

**541-1372**

Daytime Phone #

0038942

CR2E083 (9/01)